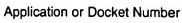
PATENT	APPLICATION	FEE	<b>DETERMINATION</b>	DECODO
CALCINI	AFFLICATION		DETERMINATION	REGURD

Effective October 1, 2001





CLAIMS AS FILED - PART I						SMALL ENTITY			OTHER	THAN											
TOTAL OLANAS		(Column 1)		(Column 2)			TYPE [		OR	SMALL ENTITY											
TOTAL CLAIMS		25					RATE	FEE		RATE	FEE										
FOR		NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00										
TOTAL CHARGEABLE CLAIMS		25 minus 20=		* 5			X\$ 9=		OR	X\$18=	90										
INDEPENDENT CLAIMS			✓ minus 3 =		* /			X42=		OR	X84=	84									
MULTIPLE DEPENDENT CLAIM PR			RESENT					+140=		OR	+280=	,									
* If the difference in column 1 is less			less than z	ero, enter	"0" in c	olumn 2	1	TOTAL		]	TOTAL	914									
CLAIMS AS AMENDED - PART II										OTHER	THAN										
		(Column 1)		(Colur	mn 2)	(Column 3)		SMALL	ENTITY	OR	SMALL										
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE									
	Total	*	Minus	**		=		. X\$ 9=		OR	X\$18=										
	Independent	*	Minus	***		=		X42=	- 1	OR	X84=										
_	FIRST PRESE	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM		1	+140=	*	4,3	+280=	at i vi≘ire									
12. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.							; ·:.	TOTAL	Somethy of	OR.	TOTAL	Brown									
								ADDIT. FEE		OR	ADDIT. FEE	85 o									
		(Column 1)		(Colur		(Column 3)				ر المراجعة المراجعة المراجعة المراجعة ال	there with	機体部分									
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE									
Ş Q	Total	*	Minus	**		-		X\$ 9=		OR	X\$18=										
AME	Independent	*	Minus	***		=		X42=		OR	X84=	laterap.									
	FIRST PRESE	NTATION OF ML	JLTIPLE DEF	PENDENT	CLAIM		1	+140=	20 4/150	OR	+280=										
								TOTAL ADDIT. FEE		OŖ	TOTAL ADDIT. FEE										
		(Column 1)		(Colun	nn 2)	(Column 3)			-		7.0011.122										
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	, Asy t	RATE	ADDI- TIONAL FEE									
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	·									
	Independent	*	Minus	***		=	lt	X42=		×	X84=	· · · · · · · · · · · · · · · · · · ·									
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		▍┞			OR	7,042										
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+140=		OR	+280=										
**	** If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **TOTAL ADDIT. FEE																				
-	The "Highest Num	ber Previously Paid	d For" (Total or	Independe	ent) is the	highest numbe	er four	nd in the app	ropriate box	in col	The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										